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THE  
ATTRIBUTES, PROFESSIONAL AND SOCIAL,  
OF THE SO-CALLED  
“FAMILY DOCTOR.”

*Being the Annual Oration delivered Wednesday, February 8, 1882,  
before the Hunterian Society, at the London Institution,  
Finsbury Circus.*

BY  
ROBERT FOWLER, M.D.,  
MEMBER OF THE COURT OF EXAMINERS OF THE SOCIETY OF APOTHECARIES.

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MR. PRESIDENT AND GENTLEMEN,—On Thursday, February 9, 1826, your first Orator, who had been your first President, and also was your first honorary member—Sir William Blizard—prefaced his Oration in these words:—

“Had he duly considered that in his preparative labour on the occasion, the most formidable interruptions from imperative calls of public duty would happen, he must have declined the assigned task, but his obligation to the performance of it appeared irrevocable.”

Such sentiments have, probably, passed through the minds of each and all of your Orators during the last fifty-six years.

The knowledge that the members of a Society such as this are men who can appreciate the significance of the words, “imperative calls of public duty,” emboldens your present Orator to anticipate a sympathetic indulgence to these efforts of a busy co-worker.

This Society, Sir William told his hearers, “sprang from the purest motives of honourable men.”

They who, as members of this Society, remember the professional and social bearing, the character of Dr. William Cooke—the type of what should be the family doctor—can readily recognise this truism. They can easily understand that “with Dr. Cooke’s firm intention” and “unremitting zeal” he would never have proposed the establishment of this Society on any other basis.

• The influence which all scientific associations have had on

the great progress of our art and science during the present century, has been ably commented on by most of my predecessors in office—some elucidating it by reference to the advancement of medicine in general, whilst others have contented themselves in demonstrating the improvement in that specialty to which they were particularly devoted.

The high importance, moreover, of the social characteristic of this Society in particular has also, on more than one occasion, been truthfully and eloquently eulogised.

Acknowledging, therefore, as we safely may, the benefits this Society, with other like associations, has conferred on all within its circle during more than a decade beyond half a century, it would seem more profitable now to ask, Have we, the agents in the application of this improvement to suffering humanity, ourselves also advanced *æquo pede* in all those attributes essential to the honest and honourable cultivation of our noble profession?

Can every one of us conscientiously affirm that we to-day are actuated with the self-same “honourable motives” alleged by our first Orator to have been the ruling spirit of the founders, our predecessors in membership?

It would, however, be absurdly invidious and unseemly, trenching, indeed, upon the personal, to confine an inquiry of this character solely to the members of the Hunterian Society. I extend my investigation far beyond our own numerical sphere. I will endeavour in the time at my disposal to broadly, but pertinently, portray what should, in my opinion, be the attributes, professional and social, of the trusted medical attendant in the family domestic circle.

More than two-thirds of the present members of this Society belong to that great class (numerically considered) of general practitioners.

Of the one-third of consultants who are ordinary members, more than half the number have migrated westwards. The residential population of this immediate neighbourhood is annually decreasing. The attractions elsewhere of societies appointed solely for the consideration of the so-called specialities of medicine entice certain devotees. It may therefore be considered as almost a tolerable certainty that the very vitality of this Society will more and more have to rely in the future upon that largely preponderating class of medical men of whom we have, fortunately for my illustration, so excellent and worthy a representative this day in our Presidential chair.\*

Our present art and science, calling to their elucidation the aid of each and all of the accessory sciences, doubtless necessitate more than ever the continuance of that primary

\* Dr. Peter Lodwick Burchell.



threefold separation in our ranks which has for so many years obtained. The very perfectness and minuteness of detail now thought essential in the study of every disease furthermore also obviously augment the still increasing subdivision in the practice of those we desire to look upon as the leaders in our profession.

Nevertheless, the exigencies of our English domestic circle will, in all probability, always demand the care and supervision of the so-called family doctor.

In discussing what should be the attributes, professional and social, of the trusted medical attendant of at least nine-tenths of the whole population, I am, I believe, but portraying the type of what should be the character of every "practiser in the Faculty of Physick"—be he general, consultant, or special.

Prior to 1511 the science and cunning of physic and surgery were "daily within this realm exercised by a great multitude of ignorant persons," who are otherwise very quaintly described, in the preamble of the first Act\* of Parliament relating to our profession.

To those who read aright the history of our Faculty—at all events, in this country—there can be little doubt but that long after the reign of Henry VIII. the so-called physicians were really the analogues of those who for some years have been, and are now still, styled the "general practitioners," or "family doctors," who would therefore appear to have been the very first body of medical men who received legal recognition from our English Parliament.

These early physicians—as did their predecessors the monks and clergy, who were necessarily the first practitioners in this country—practised medicine, surgery, and pharmacy; and in this body of practitioners this "Act for appointing physicians and surgeons" appears to have vested the Faculty of Medicine.

The word "physician" would seem to signify, one who practises physic. Dr. Goodall, in his "Epistle Dedicatory," appended to his "History of the Royal College of Physicians" (1684), more than once styles his "most Honour'd Colleagues" "practisers in the Faculty of Physick"—the name given in their charter† to all practisers, whether "illiterate" and "unexperienced," or "learned, grave, and profound."

By the wisdom of the Parliament of the great Henry, the following comprehensive definition was given to the

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\* 3 Henry VIII., c. ix., "An Act for the appointing of Physicians and Surgeons."

† 8th October, 15 Jac. I., preamble.

word “physick” :—“And forasmuch as the science of ‘physick’ doth comprehend, include, and contain the knowledge of surgery, as a special member and part of the same ; therefore be it enacted, that any of the said company or fellowship of physicians being able, chosen, and admitted by the said presidents and fellowship of physicians, may from time to time, as well within the city of London, as elsewhere within this realm, practise and exercise the said science of physick in all and every his members and parts; any Act, statute, or provision made to the contrary notwithstanding.”\*

Thus legalising the axiom of Celsus, which was thought and practised by Hippocrates :—“ *Illud ante omnia scire convenit, quod omnes medicinae partes innexæ sunt, ut ex toto separari non possint.*”

The celebrated author—your quondam no less celebrated Orator—who, in 1879, gained the first Carmichael Prize, awarded by the Council of the Royal College of Surgeons of Ireland, is, therefore, I think, somewhat too narrow in his implication, that the definition given in 1703 by Queen Anne’s Lord Chief Justice Holt of the word “physic” applies only to that branch of our profession which is now recognised as the province of our modern physicians.

The signification, then, unanimously agreed upon by the Court of Queen’s Bench in the action of the case of the College of Physicians *v.* Rose is as applicable to every part as to the whole of the science of physic ; and in no way invalidates the comprehensiveness of the definition laid down by Henry’s Parliament.

It is no part of my purpose to give you a complete history of the College of Physicians, nor to comment unnecessarily on the exclusiveness and pedantry which lost this powerful “commonaltie” the opportunity of assimilating to themselves the whole body politic of the practisers of physic.

Suffice it to say, in reference to this important section of one of the early medical Acts of Parliament, that “the joyning together the two companies of barbers and surgeons,” in 1542,† clearly constituted a body of men who were simply and solely employed to perform operative or mechanical duties.

The College of Physicians fifty years afterwards, namely, in 1595, proved that by this section of their early Act they could successfully prosecute, fine, and commit to prison a surgeon who (not being admitted to their College, nevertheless) pleaded that in his art the use of inward remedies is often necessary.

In this important prosecution by the College of Physicians,

\* 32 Henry VIII., c. xl., sect. 3.

+ 32 Henry VIII., c. xlii., sect. 1.

of the two surgeons, Roger Jenkins and Simon Read, the then Chief Justice gave this opinion (*inter alia*), "No surgeon, as a surgeon, may practise physick, no, not for any disease." As late even as 1633, the College of Physicians succeeded in enforcing a judgment of fine against "one George Butler, who, under colour of being sworne an extraordinary chirurgeon to His Majestie (James I.), did take upon him to give physic and practise chirurgery without either skill or licence."

They in power were in fact determined to confine the control of all that pertains to the Faculty of Physic to "the President and Censors for the time being of our College of Physicians in London."

Dr. Goodall's work conclusively illustrates the power and patronage bestowed upon the College in Charles I.'s reign.

No empiric could practise operative surgery, and no chirurgeon could administer internal remedies, even in surgical cases, without being proceeded against by the College of Physicians.

It was not indeed till fifty years ago that this latter power was successfully resisted by the practising surgeons.

In the seventeenth century the Crown applied direct to the collective wisdom of the College itself, to solve any doubt in cases of medical jurisprudence—not as in more recent times by a reference through the Home Secretary to some titled leader in our profession, who may or who may not be specially skilled in all the bearings of the case referred to him.

In 1632 the College of Physicians in London were lawfully assembled, by the command of their sovereign lord the King, to determine whether a certain Joseph Lane did or did not die by poisoning; and, if so, by what poison his death was procured.

The outcome of the determination of the College in this matter eventuated in the expression of a very valuable opinion respecting the sale of poisons. This opinion, however, did not bear any legislative fruit for over 200 years. The "decree to His Sacred Majestie," concerning the death of Joseph Lane, concluded with these recommendatory words:—"That no person presume to sell drugs, either poisonous or dangerous, to poor sorry women or poor people (which hath been too common), but only to those who are willing to give their names; that if there should be occasion they may give an account of the reason of their buying these dangerous medicines."

The Bill to regulate the sale of poisons, and alter and amend the Pharmacy Act, became law on July 31, 1868. Clause 17 enacted, *inter alia*, that the poison sold should be labelled "with the name and address of the seller" thereof.

In Charles I.'s time, the College of Physicians did certainly not prohibit its members and fellows from practising, at all events, operative midwifery.

Divers ancient midwives petitioned the College of Physicians to protect them from the molestation of a certain doctor of physic, who threatened not to assist in any difficult case unless the attendant midwife had been previously licensed or approved of by him.

In their answer to the petition the physicians admit that the said "doctour is not otherwise able to instruct them [the midwives] than any other the meanest fellow of our College, unless he understand it by the use of iron instruments, which physicians and chirurgeons may practise if they please; and some do, and have done, with as good success and dexterity as himself, and therefore there is no necessity for a sole dependence upon him."

It is painful to recall the fact of the systematic ignoring by the College of Physicians, in after years, of the claims of the practisers in this important branch of our art. I would now simply remind you of the sequence, that on March 18, 1852, the Royal College of Surgeons of England obtained power by Charter not only to appoint a special board of examiners "for the purpose of testing the fitness of persons to practise in midwifery," but also "to grant certificates of such fitness."

Until the passing of the Medical Acts of 1815, and subsequently 1858, it does not indeed appear that the great power conferred on the Royal College of Physicians of London was in the least abrogated, abridged, or altered by any legislation subsequent to the time of the Stuarts. In his elaborate judgment, given in 1861, on the case of the Attorney-General (on the part of the Society of Apothecaries) *v.* The Royal College of Physicians, his Honour Vice-Chancellor Page Wood (the late Lord Hatherley) admitted that no Act of Parliament had been cited to or was known by him which conferred on the College of Surgeons the "particular privilege of selling drugs when they are dealing with a case surgically," although "he believed from authorities"\*\* (which he did not, however, quote) "that a surgeon could recover in respect of drugs which he furnishes in pursuance of his attendance in a surgical case."

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\* King James, in the last paragraph of his Royal Charter to the "Apothecaries of London," confines the surgeons to the use of only external drugs in the exercise of their art. "Et denique volumus et intentionem nostram esse declaramus quod Chirurgi experti et approbati eorum artem et facultatem exercere possint omnesque et singuli eorum practica sibi propria uti et frui valeant quantum ad compositionem et applicationem medicamentorum externorum solummodo pertinet et spectat."—Goodall, op. cit. p. 145.

In the Royal Charter granted by James I. to the College certain words certainly imply and point out that up to that period the physicians or practisers in the said "Facultie of Physick" did "administer or prescribe" "medycine" unto their patients. "It is uncertain at what period the physicians gave up—'what was growing too servile and laborious a business'—the practice of preparing their own medicines."

In all probability, the universal practice continued till 1617, when James I. by Royal Charter separated the grocers from the apothecaries, and prohibited the former ever afterwards from keeping an apothecary's shop. Up to this period we are told that the physicians' assistants had been styled apothecaries; and it is at all events a singular circumstance that the persons first incorporated in one body politic by this Charter of James were 114, coinciding with the number of physicians who were then actually in practice in London.

There is evidence, however, that as late as 1703 certain physicians continued the practice of preparing their own medicines. In the writ of error, brought that year up to the House of Lords by William Rose, apothecary, "praying their lordships to reverse the judgment given against him in the Queen's Bench at the suit of the College of Physicians," occur these words:—"That several physicians . . . lately admitted into the Colledge . . . have fallen into divers methods for monopolising the whole business of physick, both as to the compounding, selling, and prescribing thereof."

Considering the power, the patronage, the privileges, and the protection accorded by monarchs and Parliaments for about one hundred years from the first Act of Henry VIII. to the Charter of James I. to the Apothecaries' Company, it does appear to have been very short-sighted policy indeed, that the College of Physicians of London did not seize the occasion and opportunity of arrogating to themselves the authoritative and unlimited control of the whole domain of the "Facultie of Physick." James's royal charter had empowered them to "make such wholesome and reasonable . . . ordinances," etc., as seemed "good, profitable, and necessary, . . . for their good rule, order, and government." They elected not to devote energies, so forcibly bestowed upon them, in fostering and developing the art and science of medicine as a compact and indivisible whole; but in an evil hour they thought their interests were furthered by passing by-laws to prohibit any of their licensees from the exercise of what they then considered the inferior branches of medical practice.

Without needlessly alienating from the College walls the \*

δι πολλοι—the busy toilers in the application of physic's relief to suffering humanity—it was quite within legal competence to create a grade accessible but to the few greater intellects of the profession.

The immortal Harvey doubtless contemplated and ardently desired such an enlarged generalisation of the powers and privileges of the College. In the very last Harveian Oration delivered at the Royal College of Physicians, June 18, 1881, the Orator, Dr. Barclay, referring to Harvey's deed of gift, said of him—"He regarded the College of Physicians as a grand foundation. He looked to its future as the great centre from which the light of medical science and skill was to shed its lustre over England; was to be the teacher of her people, the adviser of her rulers, and the training-school of her medical men."

After an erroneous and unpardonable inference respecting the Act of 1815, and heedless of the maxim, *Qui s'excuse s'accuse*, Dr. Barclay, in continuation, endeavoured to shift the prime blame of the anti-Harveian "narrow and exclusive jealousy" of his College on to the shoulders of the older universities.

Long prior, however, to 1815 a Nemesis had arisen in the Frankenstein of the College's own creation. The Apothecaries, incorporated by the influence and intercession practically of the College itself, increased in number, knowledge, and power. Driven from the College walls by short-sighted and exclusive by-laws, men utilised their brain-energy in developing a medical and surgical practice under the remunerative guise of the membership of a trading guild.

The Royal College, from its self-asserted lofty pinnacle, still ignoring the comprehensiveness of its own capabilities, now sought to recall some of its lost prestige by a demonstrative jealousy and pettiness.

Inclusive of the President and Censors, fifty-three Fellows and Members, by their signatures and subscriptions, sanctioned in 1697, one of the elect of their own college opening dispensaries, whence to supply medicines on reasonable terms to their poor, and even to their wealthy patients. In Garth's satirical poem\* the shade of Harvey thus addresses Hygeia, who has conducted Celsus (*alias* Dr. Bateman) to the Elysian Fields after the battle between the physicians and apothecaries—

" With just resentment and contempt you see  
 The foul dissensions of the faculty;  
 How your sad sickening art now hangs her head,  
 And, once a science, has become a trade.  
 Her sons ne'er rifle her mysterious store,  
 But study Nature less, and lucre more."

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\* *Dispensar.*

The battle, as described, had indeed waxed fierce and sharp—

“ And now the staggering braves, led by despair,  
Advance, and to return the charge prepare.  
Each seizes for his shield a spacious scale,  
And the brass weights fly thick as showers of hail.  
Whole heaps of warriors welter on the ground,  
With gallpots and broken phials crowned;  
Whilst empty jars the dire defeat resound.”

It would be a waste of time to relate all the recriminative satire and invective which resulted from this derogatory conduct. Garth, himself a Fellow of the Royal College, thus sums up the offended feelings of the Apothecaries—

“ Our manufactures now the doctors sell,  
And their intrinsic value meanly tell;  
Nay, they discover too (their spite is such)  
That health, than crowns more valued, costs not much;  
Whilst we must shape our conduct by these rules—  
To cheat as tradesmen, or to starve as fools.”

The puerility of the Royal College, of course, fell short of its intent and aim. The leverage of the Corporation of Apothecaries, day by day, raised to the position of general practitioners men who would, had they been permitted, have gladly associated themselves with the more weighty and more ancient edifice in Warwick-lane.

The apothecaries became, year by year, more and more general practitioners, in consequence of the increased attention which they devoted to medical and surgical practice.

About 1812, public attention was drawn to the fact that whilst the physician and surgeon were both subjected to a certain course of professional study to be tested by examination, the education of the medical attendant upon the great mass of the population was entirely unprovided for; and no proof whatever was required as to his competency to discharge his very important duties.

To effect this desideratum, an agitation—originated by the father of a recently-past President of the College of Physicians\*—was joined with great spirit by other well-known medical practitioners of the day.

Vain efforts were made to induce the corporate medical bodies to co-operate in raising the general practitioner to legal status. The Society of Apothecaries, composed though it was of three-fourths of the very class of practitioners whose improvement it was sought to effect, actually declined, as a body, to concur in the intended application to Parliament. The dogged perseverance, however, of such men as Dr. George Mann Burrows, Dr. Anthony Todd Thomson, Dr. Kerrison, Dr. Good, and Mr. Upton, ultimately eventuated

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\* Sir George Burrows, Bart.

in the passing of the Act of 1815, and the Society of Apothecaries was "appointed to carry this Act into execution."

By the accident of association was thus perpetuated the application of the term "apothecary" to the licensees, who, being, in the words of the Act,\* "examined as to their skill and ability in the science and practice of medicine," clearly represent that great class of general practitioners, or surgeon-apothecaries, required before 1815, as now, to practise every member and part of the science of physic.

It is no very great stretch of the imagination to assert, as I do, that the very nomenclature of the several grades of our profession has been affected by the short-sighted exclusiveness of the College of Physicians.

Fortified with the legal definition of the word "physick" given them by the 32 Henry VIII., the College of Physicians in granting a licence to practise an art and science which comprised and comprehended amongst their "members and parts the knowledge of surgery" as well as the knowledge of medicine (in its most restricted sense), morally, legally, and etymologically created their licensees physicians or practisers of physic.

The single word, "physician," should and would have correctly characterised the great class of general practitioners or surgeon-apothecaries.

He who aspired to the dignity of a consultant would doubtless have preceded his connexion with the College by the possession of a University degree.

The term "doctor," *i.e.*, learned, would naturally have been the designation of such a man, even when additionally invested by the College with the grade and title of "Fellow."

The distinctive word "chirurgeon" or "surgeon" would have effectually embraced those—comparatively few—who confined themselves exclusively to the practice of that member or part of our science dependent more or less upon manipulative and operative interference and skill.

This historical sketch brings, I hope graphically, although I fear imperfectly, before you the professional status which the laws of the country have given the so-called surgeon-apothecaries, the general practitioners, or as I prefer now to style them, the practisers of physic.

I have shown you what the "practiser of physic" ought, in my opinion, to have been, were it not for the exclusive pedantry of a self-immolating, short-sighted, although powerful, Corporation.

I proceed to ask, Is this status professionally perfect?

The professional status of every practiser of physic neces-

sarily comprises the consideration of two epochs--the period of preparation, and the period of qualification.

Recent Orators of this Society, notably Mr. Rivington and Dr. Pye-Smith, have so admirably descended on the subject of medical education in general, that it would ill become me to weary you with views in a great measure concordant with the opinions of teachers such as they. An experience of more than a quarter of a century, with all the practical details of the life of a busy practiser of physic, obviously, however, induces a disinclination in my mind to accept, even from so renowned a metropolitan teacher as Dr. Pye-Smith, the dogma that time spent in medical pupilage prior to the medical school is worse than wasted. To assert, as some of the teachers do, that young men who have served an apprenticeship have turned out "indifferent" hospital students, is no argument adverse to the capabilities of the system.

What, may be asked, is the relative proportion of "indifference" displayed by students unpreparedly entering the hospital direct from grammar-school and college, and of those who have previously educated their eye and their hand under the supervision of a capable and discreet practiser of physic?

The advantages derivable from what I shall call pre-hospital pupilage are entirely dependent on two important factors--the receptivity of the student's brain, and the conscientiousness and capacity for imparting knowledge on the part of the practitioner. It is the non-observance of the mutuality of the bond which has, I fear, done more than anything else to prejudice modern medicine against this bygone mode of entering her precincts.

I appeal with much confidence to the judgment of that great mass of the practisers of physic who may have passed through a well-spent pre-hospital pupilage, for their verdict on the benefits of the system.

In almost every manipulative vocation of the present day the want of practical experience is being felt.

Technical education to adults, to be supplied by the funds of the great guilds of this city, is now forcibly enlisted to act as a supplemental panacea for defects resulting from the non-apprenticeship of our youth.

Can we positively prove that the present method of medical education has conferred upon suffering humanity practitioners so superior that the old mode must of necessity be stigmatised as not only useless, but as actually mischievous?

In his address at the International Congress last year, Dr. Billings, Surgeon to the United States Army, spoke some very characteristically smart words, which are quite *à propos* to my purpose:—

"The languid scientific swell, who thinks it bad style to be practical, who takes no interest in anything but pure science, and makes it a point to refrain from any investigations which might lead to useful results, lest he might be confounded with mere practical men, exists and has his admirers. We have such in medicine, and their number will increase.

.... While it is true that to the graduate of thirty years ago much of the physiological literature of the present day is an unknown tongue, it is also true that the physiologist of the present, who confines himself to laboratory work, will find himself distanced by the man who keeps his clinical and pathological studies and his experimental work well abreast."

I am firmly of opinion that there are very many so-called details of practice which are best, and I would say, can only be, acquired during a pre-hospital pupilage.

I go further. Assuming, of course, the capacity, the capability, and the opportunities of the practitioner, I hold that a knowledge of certain of the preliminary studies could thus be most advantageously acquired prior to entering the hospital, and when there is really more time at the disposal of the student to master these groundworks of more strictly professional subjects.

The General Medical Council appears at length, although tardily, to have recognised this latter possibility.

At its meeting on July 14, 1880, the Council passed an important resolution, insisting that on and after January 1, 1882, botany and elementary chemistry be included amongst the optional subjects, in one of which the student must undergo a preliminary examination.

In advocating the advantages derivable from a pre-hospital pupilage I am not bound to an assertion of the absolute necessity of the old-fashioned lengthy servitude of the past, in which time and opportunities were often both wasted.

It is but justice to mention that the Society of Apothecaries, who, by the express requirement of their Act of 1815, had to insist on a five years' servitude, some thirty years ago, recognising this evil of duration, officially and considerably modified the spirit of this insistence.

Despite also the fact that from 1861 to 1865 pre-hospital pupilage was ignored by the General Medical Council as one of the modes of commencing professional studies, that great examining body the Royal College of Surgeons of England had not only the wisdom to perceive that this was a retrograde and unwise step, but the Corporation had also the courage of its own more correct views on the subject.

It politely refused compliance and conformity, and always continued to consider pupilage as one mode of the commencement of professional education.

In January, 1870, the Court of Examiners of this body adopted an important report, a copy of which was, I believe, at the time forwarded to every metropolitan and provincial teacher. In this report the Court "deplores the total abolition of a limited apprenticeship," and intimates that since the almost entire cessation of the system, students for the most part enter the medical schools quite unacquainted with any branch of medical knowledge or elementary science. The Examiners thus further expressed themselves:—"The prevailing defects in candidates for the diploma of member are want of accurate knowledge of objects and facts, and want of skill in using the appliances of surgery."

Based upon this very valuable report, the Council of the Royal College at once laid down some important modifications of the required curriculum of study.

Pre-hospital pupilage was still recognised.

The inference deducible from these facts in favour of a limited pre-hospital pupilage, supported as they are by the conviction of a large proportion of the general practitioners of the country, may be fairly weighed against the recorded opinions of even that large proportion of the past and present teachers in our provincial and metropolitan medical schools who opine that a return to the system of apprenticeship, even in a modified form, is not desirable.

The outcome of these ideas which I have thus endeavoured to portray to you is, that the preparation for the future life of every practiser of physic should be of a thoroughly practical and utilitarian character.

In 1870, Professor Huxley, speaking at University College, London, on the occasion of the distribution of prizes, concluded his remarks on medical education in these words:—"I entertain a very strong conviction that anyone who adds to medical education one iota or tittle beyond what is absolutely necessary is guilty of a very grave offence."

The tendency of modern medical education, I do not hesitate to say, appears to me, as I believe it does to many others interested in the practical performance of their profession, to conduce rather to the formation of purely scientific physicians than to guaranteeing to the public skilful and clinical practitioners.

Amongst some of our modern teachers, the practice and great aim of our noble calling would appear almost to partake of the ignoble and derogatory. The extent and progress of science are seemingly deemed paramount to the interests of humanity.

Referring to one of England's great anatomists, the "pupil," "coadjutor," and "attached personal friend" of the "brilliant Thomas Willis," the President of the Physiological Section in the International Medical Congress of last year, remarked:—"Had Richard Lower remained in the academic repose of Oxford, devoted, without distractions, to his researches, it is difficult to say whither he might not have reached. Unhappily, Willis persuaded him to move with him to London, where, especially after his master's death, his talents soon gained him an extensive practice. He became the most noted physician in London and Westminster. 'No man's name was more cried up at Court than his,' and the powers of mind which might have made him a second Harvey, were used for the immediate benefit of his patients and himself."

In like vein it is deplored that the nineteenth century would not have been ashamed of English physiology, had but certain of our renowned practitioners given up the practice of their art.

Paraphrasing Goldsmith's famous verse,\* they should to science give up "what was meant for mankind."

In the name of the great body of the practisers of physic, I demur, with all due respect, to the implications of such sentiments.

The claim for science as the *helpmate* of the physician will not in these days be questioned. To arrogate a predominance of science *per se* over the practical application of knowledge to the urgent needs of our suffering fellow-men is not only to alienate public feeling, which already most ignorantly and most insanely questions the utility of our investigations and discoveries, but it stimulates superficial theory to uselessly incite the already overloaded energies of would-be practitioners to the acquisition of knowledge "not absolutely needed in their future career."

"The aim of every student of medicine is," says Professor Owen, "to raise the healing art to the status of a science." Considering, therefore, the attractiveness with which the scientific inquiries of the day must tend to alienate more and more from immediate clinical work, a grave responsibility now, more than ever, particularly rests upon the shoulders of those corporate bodies who are empowered to guarantee to the public the fitness in every respect of their trusted medical advisers.

Very recently indeed the General Medical Council has returned to a recognition of the importance that candidates

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\* "Retaliation: character of Edmund Burke"—

"And to party gave up what was meant for mankind."

for the final professional examination should evince a practical acquaintance with their future duties to humanity.

The examining bodies have risen to a recognition of this necessity. Anyone comparing, for example, the regulations of the Royal College of Surgeons of England respecting the education and examination of candidates for the diploma of Member in 1869, with those issued in 1871, and still in force at the present day, will, especially after a visit to the well-arranged theatre in Lincoln's-inn-fields on examination days, at once recognise the fact that the diploma of the College is now evidence of real fitness for the *practice* of surgery.

I do not, however, hesitate to state that many an old pre-hospital pupil would long before 1871 have found himself quite at home when tested with these "manipulations," the foundation on which the practice of (certainly operative) surgery depends for its safe superstructure. One cannot, indeed, but feel a sort of malicious delight in contemptuously remarking that, had even a "limited apprenticeship" been always imperative, the necessity would never have arisen for a member of the Council of the College of Surgeons to insert in (and continue even in the later editions of) his well-known "*Manual of Minor Surgery*" three whole paragraphs on "washing catheters!" \*

It may, I think, be fairly assumed that the labours of the Medical Acts Commission, appointed last year, will eventuate in the adoption, in some form or other, of what has been called the one-portal system of examination, either by means of a resuscitated conjoint scheme, or of a State board independent of the corporations. Such a State board (either as one or tripartite for the United Kingdom) finally examining in medicine, obstetrics, and surgery, and appointed, say, partly by the Privy Council and partly by a more truly representative General Medical Council, would, we are told, obtain the confidence of the public in the competency of what is called the general practitioner or the family doctor.

What the public require is an authoritative guarantee that the practitioner be competent and qualified to attend to their need, when they are prostrated by accident, childbirth, or disease. The public do not care one jot whether So-and-so is a good physiologist, or is a better botanist than, or is the best chemist of, his immediate neighbours.

It is the profession itself, through its constituted authorities, which demands that its future practitioners shall prove their competency in a knowledge of these and other (what may be called) preliminary studies.

It argued, however, badly for the prospective discernment

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\* Heath, fifth edition, 1875, pages 74, 7

of our English corporations when, in 1880, the conjoint scheme was allowed to collapse. An opportunity was thereby given for that State interference so galling to the boasted pride of every Englishman—his capacity for self-government.

Is it too late to retrieve the error?

In great contrast with the opinions of those eminent and strong-minded men who gave the first move to the government of our Royal College of Physicians, their "degenerate descendants," who ruled over the "commonaltie" two or three hundred years later, elected, as we have shown, to separate into constituent parts, which Celsus had declared "*ex toto separari non possint.*" This exclusion of surgery, obstetrics, and pharmacy, from the totality of the "Facultie of Physick," doubtless acted for some years as a great bar to the general improvement of medical science.

Having, however, by their own by-laws assumed for their licensees what was thought the higher position of consultants, and prescribers only in one single branch of the whole domain of medicine, it would appear to all, jealous of the honour of our profession, more dignified had the College stood firm on their acknowledged lofty pedestal.

The age and circumstances had gradually acquiesced in the necessity and convenience of the tripartite division of our science and art. The public willingly recognised the diploma from Pall-mall as a guarantee that its possessor was entitled to that higher confidence which superior knowledge and skill invariably insure in the season of urgent need and difficulty.

In an evil moment it was counselled to revoke their by-law, and to resuscitate a power which undoubtedly the non-annulled charters of the Crown and unrepealed Acts of Parliament still authorised them to use.

In future every licensee was empowered to "go forth entitled, not only to attend the case, but also to supply the medicines which he should prescribe."\*

Three grades of licensees were established. Confusion again reigned in the nomenclature of our designation.

In 1815 the Royal College declined the proffered duty of superintending general medical education. It has been but a slow and unwilling convert to the principle of an improved and improving standard of qualification for the general practitioners.

It has, indeed, thrown itself open to this imputation—that, as the distinction of classes would be imperilled in proportion

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\* Printed report of judgment (Attorney-General on the part of the Society of Apothecaries *v.* the Royal College of Physicians) by Vice-Chancellor Page Wood, 1861.

as the qualification of the family doctor became higher, so therefore it cannot be expected that any present royal college would further, or even perform the duty towards, this advancement with zeal, fidelity, and efficiency.

Why, then, this outburst of love for that great class of practitioners, against whom this particular Royal College, styling them "medicasters," had for centuries been fulminating its wrath?

Well might each practiser of physic, aghast at this sudden transition from exclusiveness and self-complacency, in wonderment exclaim—

"Perhaps it was right to dissemble your love,  
But why did you kick me downstair?"\*

In 1847, being examined by Mr. Warburton's Committee in reference to the Medical Registration Bill, then before the House of Commons, the President of the London College of Physicians, Dr. Paris, pleaded that they could not enforce their own powers against unprofessional conduct because they had no money.†

The vague wording of the reciprocity section of the Medical Act of 1858 flashed the irresistible bait of a "golden shower" before all eager impecunious corporations.

The "jealous warden" of the brazen tower in Argos failed, we know, to resist the importunities of Jove desiring to confer the privilege of paternity on a son of Danaë. So, we may imagine, quailed the virtue of the guardian Bedell of the *Alma Mater* in Pall-mall against the importunities of those loving, and willing to pay for, affiliation and title.

"Custodem pavidum Jupiter et Venus  
Rississent: fore enim tutum iter et patens  
Converso in pretium Deo."‡

This new-born zeal in 1860 of the Royal College of Physicians of London was as ill advised as it was ill timed.

Ill timed, because for nearly fifty years the necessary work had been most efficiently and sufficiently done by a corporate body called into very existence by reason of the omissions and commissions of this Royal College itself.

Ill advised, because, on the one hand, it wounded the susceptibilities of the Royal College of Surgeons of England; and, on the other, it forced the well-doing Society of Apothecaries of London as a plaintiff into the Court of Chancery.

Though, of course, not publicly recognised, effects such as these must have tended not a little to an undercurrent of

\* Comedy of *The Panel*, altered from Bickerstaff's comedy, 'Tis Well it's no Worse. J. P. Kemble.

† Answers to Questions 290, 291. ‡ Horace, Lib. iii., Ode. xvi., l. 6-8.

jealousy, or at least of lukewarmness, amongst the corporations antagonistic to the success of the English conjoint scheme.

The natural union of corporations, best calculated, perhaps, at the present day to effectuate an all-sufficient one-portal examination in England, would be the combination of the Royal College of Surgeons with the Society of Apothecaries.

The College of Surgeons of England has vast opportunities, which I need not here detail, of giving effect to those excellent regulations issued by its Council in 1871. It has since then insisted well and most effectually, both in its primary and in its pass tests, on the candidates giving demonstrable proof of a thoroughly practical acquaintance with the subjects of examination.

Its membership is, from past influences, thoroughly ingrained in men's minds as an absolutely necessary qualification. It would, therefore, probably be impolitic, as it would practically be impossible, to exclude this powerful corporation from taking its future and due share in guaranteeing to the public, medical attendants especially conversant with those subjects which its charters and the Acts of Parliament distinctly empower it to examine in.

According to the authority of the official Calendar, the diplomas of membership granted during the ten years ended July 31, 1880, by the Royal College of Surgeons of England averaged in number 365 per annum.

The present annual average of licences granted by the Society of Apothecaries amounts to 250.

It has been estimated that quite one-third of the whole number of medical practitioners on the published Medical Register are licentiates of this Society.

Should a combination of these two bodies for a corporate conjoint scheme be unfortunately unattainable, there is but the prejudice of a name to preclude the practicability of the Society of Apothecaries most adequately and most sufficiently supplying the necessary tests for the one-portal system, so far as this division of the kingdom, at all events, is concerned.

To descend on the continuous progress since 1815 made in, and on the present character of, the Apothecaries' Society's examination would savour too much of the favour of a partisan.

It is a matter of medical history that, in response to the demands of the Court of Examiners, not only did new schools spring up in the metropolis, but this Court was the first examining body to receive certificates from the teachers of the provincial schools.

The records of the Society tell us that since the passing of the Act of 1815 nearly 20,000 candidates have satisfied the Court of their competency to practise as general practitioners.

In 1834, Sir Henry Holland, then President of the College of Physicians; Mr. Guthrie, then President of the College of Surgeons; Sir Astley Cooper, Mr. R. G. Grainger, and Dr. Seymour were examined before a Select Committee of the House of Commons, and they all gave similar testimony to Sir David Barry, who asserted that "the examination established by the Company of Apothecaries was by far the most comprehensive examination in London."

The comprehensiveness of an examination in 1834 is not, I need scarcely say, any criterion whatever of the standard necessary at the present day.

Sections 20 and 21 in the Medical Act of 1858 confer great powers on the General Medical Council in respect of the qualifications granted by the examining bodies.

It must be admitted that the General Medical Council has, through its Visitors, detected one, and but one only, flaw in the completeness of the examination at the Society of Apothecaries. "The Visitors remark that the Society of Apothecaries is not carrying out the resolution of the Council that *surgery* should be one of the subjects in which every candidate should be examined before receiving a qualification entitling to registration."<sup>\*</sup>

The Court of Examiners of the Society of Apothecaries are "authorised and required to examine all person and persons applying to them for the purpose of ascertaining the skill and abilities of such person or persons in the science and practice of medicine."

The word "medicine," both in its narrow and in its broad signification, has always been regarded by lexicographers as synonymous with the word "physic."

An Act of Parliament has given a legal comprehensiveness to the signification of the words "science of physic."

I have but little doubt that the words in the Apothecaries Act, "science and practice of medicine," would have been similarly interpreted in our courts of law.

The dogged determination and bold spirit which dominated the handful of Surgeon-Apothecaries from 1812 to 1815 were sadly needed in 1858.

The Society of Apothecaries should then have cared for, and completed, the needed qualifications of the candidates. The Government and the public both would, ere now, have been guaranteed the thorough competency of the licentiaties

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\* Minutes of the Medical Council, vol. xii., 1875, page 101; and vol. v. page 238.

to practise in the threefold branches of the profession as general practitioners.

The one-portal system question would have been solved.

Failing, then, the desired combination of the College of Surgeons and of the Society of Apothecaries in the establishment of a conjoint examining board, there is still ready to the hand of any reforming Government an existing legal and adequate machinery upon which to graft the one-portal system of admission to the practical exercise of the calling of physic, as a whole, in England.

The elective power conferred by the Act of 1815 on the "master, wardens, and assistants" of the Society of Apothecaries to "choose and appoint the Court of Examiners" could, of course, be easily extended in any direction, and by such means as the wisdom of the Government and our Parliament should determine.

In advocating a scheme for utilising existing legal machinery, and making a complete examination by an enlarged Court of Examiners of the Society of Apothecaries the one-portal admission, guaranteeing to the public the capability of every practiser of physic, I am quite aware that something more is needed than to recall and rely upon the past good work of this Corporation.

The public and the Royal Commissioners will both alike require to be thoroughly satisfied as to the special fitness of such a body to fulfil present and future conditions.

Taking the numerical test alone, I do not find that confidence in the qualification supplied by the Society of Apothecaries has been materially diminished by the extraordinary resolution in 1860 of the Royal College of Physicians.

The by-laws founded on this resolution were approved of at the Censors' Board on December 22, 1860, and, according to the official list corrected to December, 31, 1880, it appears that 1388 of these new licences have been granted.

This total gives an annual average of sixty-seven during the last twenty years.

During the twenty years prior to the granting of these new licences by the Royal College of Physicians—namely, from August 1, 1840, to July 31, 1860—5927 candidates received the licence of the Society of Apothecaries, making an annual average of 296.

In the twenty years since the granting of these new licences by the Royal College of Physicians—namely, from August 1, 1860, till July 31, 1880—4954 candidates have received the licence of the Society of Apothecaries, making an annual average of 247.

The practical outcome, therefore, is that the competition of the Royal College of Physicians with the Society of

Apothecaries has resulted in the diminution by one only of the average number of licentiates passed every week by this latter body during the last twenty years.

In affirming my belief, as I do, that etymologically, morally, and legally the Society of Apothecaries should so construe the words of their Act as to include "surgery" in their examination of "all person or persons in the science and practice of medicine," I would simply make one remark to meet any possible legal objections.

The Royal College of Surgeons of England is empowered by its several charters to examine only in surgery, in midwifery, and in dentistry. Despite, however, the absence of any such legal provisions, this Corporation has for some time examined candidates for its diploma (who have not a medical qualification) in that one of the threefold branches of our profession styled the "principles and practice of medicine." No candidate rejected at Lincoln's-inn on this one subject only has ever applied to the Court of Queen's Bench for a mandamus to compel the College to give him the diploma of membership, which is very properly withheld until the qualification is complete.

Even before 1874 the Society of Apothecaries, although restricted to select from their own guild (a restriction, by-the-bye, they have frequently endeavoured to remove),\* had members upon their Court of Examiners who were Fellows by examination of the Royal College of Surgeons. By the Apothecaries Amendment Act of 1874 this restricted provision of the Act of 1815 was repealed.

The Society of Apothecaries have fully justified the confidence of the Legislature. The examination by this body had in the last sixty years greatly raised the scientific attainments of the medical students.† It had, moreover, compelled an increasingly higher standard of qualification for the family doctor. The public still perseveringly demand that they have a medical attendant as competent for the discharge of his manifold duties as the improved state of medical education can render him. The Society at once responds. It fearlessly and impartially uses its new legal power of electing on to its Court of Examiners any legally qualified member of the profession. Of the present Court of Examiners, one-half have nothing whatever to do with the corporate body, two of them not even being licentiates of the Society. Of the twelve members, eight of them are M.D.'s of the University of London, and two of these were gold

\* An Address by the Society of Apothecaries to the General Practitioners, 1845, page 9.

† "The Touchstone of Medical Reform," by Joseph Henry Green, page 68.

medallists in more than one subject ; one is an M.D. of the University of Cambridge ; and two are M.D.'s of the University of Edinburgh. Four of the Examiners are either lecturers at medical schools or physicians to large hospitals. Three of the Examiners are Fellows, and two are Members, of the Royal College of Physicians of London. Two others are Fellows of the Royal College of Surgeons of England, of which body nine of the remaining Court are Members. About one-half of the whole Court may be appropriately styled Surgeon-Apothecaries—men admittedly best able to form an opinion of the amount of qualification necessary for general practice.

I may even remark that those very specialities in our practice, which so frequently come first under the particular notice of the general practitioner, and of which he is taught so little at the schools—I allude to diseases of the skin and to diseases of the mind—are ably represented on the present Court by well-known devotees to the study of those respective maladies.

That one great need of all present, and more especially of all future, practitioners, scarcely yet recognised or even mentioned at the schools,—the knowledge of sanitary medicine,—has also at least one of its foremost professors amongst the Court of Examiners.

A complete examination given by such a composite body of well and diversely qualified men, representative of all the knowledge needed for a family doctor, should surely satisfy the Government and the public that the holder of the licence was fully competent to practise in all and every the branches of the science and faculty of physic as a general practitioner.

Well will it indeed be for all who in time to come may need that aid which our profession alone can give, if the examining body constituted by the State, or the conjoint board of the future, be based on the broad principles which have always actuated the Society of Apothecaries ! Dr. Billings has remarked : “To insure the value of a diploma as a proof of education is *the difficulty*.”

An examining body admitting candidates through the one-portal system must be competent to guarantee the public that their medical adviser, on whose skill so large a proportion of them are solely dependent in every visitation of accident, childbirth, or disease, should be possessed of knowledge sufficient for the practical duties of his varied calling.

Conjoining boards must exercise a complete abnegation, or rather—to borrow a word from Capel-court—a “backwardation” of their corporate interests. They must resolutely oppose the innate desire to so compose the examining

body that their several nominees be class representatives only of one special subject or particular branch of the art and science of physic.

Legalised by the powers that be, the family doctor needs still other attributes to fit him for his great calling.

The clear trumpet-call to duty, boldly depicting the high ideal of what should be the aim and conduct of us all, was uttered, at the opening of last year's great Congress, by one not only the recognised temporary leader of our profession, but by one sprung from the great class of family doctors, and now high in the confidence of his Queen.\*

Not every general practitioner, however, must expect to attain the position of chief medical adviser to the Crown of this country; yet each of us is expected to be at all times intellectually, morally, and physically attuned for the high and important duties of our calling.

It is only by maintaining and elevating the standard of our professional and general acquirements that we can hope in this age to maintain and elevate our professional and social status.

Nevertheless, I again unhesitatingly appeal to all responsible for the education of our future family physicians.

Examining bodies, the practitioners of the day, and the public themselves, recognise the increasing failure in the preparedness of our students for the required qualifications of their future life.

It is indeed obvious to all thoughtful minds that a more clinical and practical training than our modern system obtains is the one great desideratum still of medical teaching.

As the application and capabilities of our art rise to the exacting requirements of mankind, in so much will medical men retain that unbounded trust with which the world, from time immemorial, has regarded the character of our profession.

The confidence which admits us to all the sanctities and tendernesses of domestic life not only presupposes in, but demands from, us an innate possession and a strict cultivation of every unwavering moral attribute.

There is one phase of our social conduct on which I would for a few moments dwell.

From the general practitioners in medicine, more than from any other class of the community, are required a great tolerance of and a larger leniency towards the foibles, the whims, and caprices of their fellow-men.

The practice of this needed restraint is demanded from the family doctor, alike in his daily intercourse with private

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\* Sir William Jenner, Bart., K.C.B., President of the Royal College of Physicians of London.

patients, as well as in his contact, socially or officially, with the public at large, individually or collectively.

Ordinary human nature is, as a rule, forbearing towards the many petty susceptibilities of the sick-bed. It tries hard indeed all our better feelings to calmly receive unmerited ingratitude for labours such as ours. Yet this is what we must steel ourselves to do.

With true moral courage we must not only more firmly support each other in maintaining the dignity of our profession ; but also we must determine, by increased efforts in the alleviation of suffering, to convince humanity of the nobility and unselfishness of our calling.

I would only but incidentally allude to two great and serious questions of the day, respecting which certain individuals, as well as collective assemblages of the public, would seem to be mentally incapable either of recognising crude facts, or of appreciating the natural deductions from acknowledged premisses.

It is deplorable, and indeed discreditable to the intellectuality of this country, that our foreign brethren, whilst enjoying our hospitality last year, should have felt the urgent necessity of raising, in reprimand, the voice of injured science against the enactments of our English Parliament.

The warning words of Virchow or of Pasteur will not, however, I fear, avail any more than has the dulcet eloquence of that veteran in science—our own honorary member—Richard Owen ; or than has the unanimous verdict of last year's great International Congress, against this hasty and obstructive legislation of our country.

How can we indeed gauge the mental calibre of that batch of individuals, who, with a false sense of humanitarianism, regard with sentimental horror the insertion of a physiologist's taper needle through the ear of a rabbit, whilst they hesitate not to stand complacently by and applaud the intrusion of a jockey's rowelled spur into the flanks of a thoroughbred at Ascot or at Goodwood ?

Lamentable indeed is it to witness even a great judicial mind, well conversant with the logic of facts, associating itself with this fallacy and fanaticism of the day.

“ *Nemo mortalium omnibus horis sapit.* ”

Let us, however, with a manly tolerance hope of this great luminary in a sister profession, as was said of the “ wedding guest ” on the departure of the “ Ancient Mariner ”—

“ He went like one that hath been stunned,  
And is of sense forlorn :  
A sadder and a wiser man,  
He rose the morrow morn.”\*

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\* Coleridge, “ Ancient Mariner,” last verse.

For, as thought Sir Leoline of his old friend Lord Roland—

“To be wroth with one we love,  
Doth work like madness in the brain.”\*

Our Government has shown inconsistency in the matter of vivisection. It recognises, and by printing as a Parliamentary paper virtually adopts, the wonderful results emanating from Professor Pasteur’s experiments on living animals in France, whilst it legally prohibits Englishmen performing similar experiments in this country under the penalty of a criminal prosecution!

The outcry against vaccination and revaccination demands, perhaps more than do the anti-vivisectionists, tolerance and leniency from the general practitioners, whose decision and action in the former vexed question must necessarily be of daily imminence in many a family circle.

On the commonplace topic of bodily health, I would simply observe on the great advantages which must invariably accrue to our sex in the performance of the duties of general practitioners, by the possession of a superior physical organism.

Inferiority, in the conventional use of the term, I do not for one moment apply to our would-be fair rivals.

In a scientific sense not only are all females admittedly lower in the scale of development than males, but the woman is clearly not, as a rule, the equal of man in stature either of mind or of body. It is for obvious reasons absolutely absurd to imagine that medical women can take upon themselves duties required of family doctors, at any hour of every day or night.

The limited field of consultants must soon be closed to those few women intellectually capable of acquiring medical knowledge.

Let Pall-mall and Lincoln’s-inn, however, console themselves with this one significant fact, pointed out by Delaunay, that “although there have been and are wonderful examples of the skill and dexterity of women as practical musicians, at the same time cultivating the sense of hearing and taste to a state of very high perfection, there has never yet been a great female composer.”

Allied, of course, to the question of health is that of longevity.

The devotees of our arduous and danger-exposed profession may nevertheless be comforted on the authority of Dr. Guy, that medical men occupy a good position in the high

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\* Coleridge, “Christabel,” part 2.

average duration of life he assigns to the professional classes.\*

A notable instance has, since our last anniversary, been prominently commented on.

A late distinguished member of our own Society, Dr. Archibald Billing, the father of the College of Physicians, died on September 2 last, at the patriarchal age of ninety years. Dr. Billing was admitted a member of this Society just sixty years ago, in 1822, when the Society was but in the fourth year of its institution. Dr. Benjamin Robinson, who had succeeded Sir William Blizzard's three years of office, was then President, and he was re-elected the following year. In 1824-25 Dr. William Babington occupied the chair. Mr. Benjamin Travers succeeded him in 1826-27. In 1828 Dr. Billing was elected the fifth President of the Hunterian Society, retaining the chair, as was then the custom, for two years. In 1832 he delivered the Oration, a manuscript copy of which exists in our library, the subject being "An Essay on Auscultation of the Heart." Dr. Billing was one of the first in London to teach this then new mode of investigating cardiac disease. He afterwards frequently contributed to the pages of the medical journals papers on this subject. He was a well-known and original inquirer into the causes of the sounds of the heart.

At this time Dr. Billing was living in Bedford-place (No. 5). According to the records of our Society he appears to have moved westward about 1843. When I joined the Society, in 1854, I can well remember the old man occasionally attending our meetings, and taking part in our discussions. I will not say "that old man eloquent," for even his old pupils admit that he was not a fluent speaker.

He, the cultured, artistic, and from the very onset of his career not needy, physician, never looked down, however, upon the general practitioner.

He was the advocate of the "one-faculty system," and on one occasion publicly declared that "he despised the man who was incapable of practising his profession from the administration of a glyster upwards."

I need not dwell, as others have, on Dr. Billing's more public and well-known career. This old link with the past excites indeed our wonder, when we consider that he was admitted a Fellow of the Royal College of Physicians of London in 1819, just seven years before was similarly honoured the acknowledged Nestor of our profession, Sir Thomas Watson.

Our chief interest connected with Dr. Archibald Billing

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\* *Journal of the Statistical Society of London*, 1846, vol. ix., page 346.

is that he was one of those very few still left to us who could carry back his association to an acquaintance with, or a knowledge of, those grand men of old who founded this Society. Sir William Blizard died in 1835 at the age of ninety-two.

One other colleague of these two men at the same great hospital, and also a member of this Society, died about a month prior to Dr. Billing. Mr. James Luke, on the death of Sir William Blizard, became one of the principal surgeons of the London Hospital. He appears to have joined our Society in 1827, and to have followed Dr. William Cooke as President in 1843-44, being succeeded by the well-known Dr. Richard Bright. Mr. Luke during his presidency appears, from our report of 1844, to have discouraged the plan, adopted in later years, of filling up the evening, when the discussion on the formal paper or essay before the Society is completed, by any *impromptu* case or remarks from attendant members.

Mr. Luke does not appear to have ever taken the post of Orator of this Society, although he delivered the Hunterian Oration in 1852 before the Royal College of Surgeons of England, of which he was twice President. He was one of the few consultants who continued to reside in the City (in Broad-street or its immediate neighbourhood) until his retirement from practice, about 1866.

Dr. Archibald Billing was styled by the medical journals, in their usual obituary, the "father of the profession." He was really not so. About the time of his death, died, also at the great age of ninety, a well-known general practitioner. Mr. Richard Clewin Griffith was in practice before 1815, and hence was among the first batch of this section of the profession. He was admitted a Member of the Royal College of Surgeons in 1813, whereas Dr. Billing was not made a Doctor of Medicine of Oxford till 1818. Richard Clewin Griffith was, of course, the Father of the Society of Apothecaries, of which Company he was Master about twenty-seven years ago, when he retired from practice, having then realised a good competence. He belonged to the old school of practical medicine, and despised theories.

Nevertheless, it has been written of this nonagenarian surgeon-apothecary—"He was one of those old worthies who were a credit to our profession at a critical epoch of our history." Again our profession is passing through a very critical period of its history. Will the same epitaph be written of each and all of us—the family doctors of this day?

Armed physically, morally, intellectually, neither we nor our successors need fear, despite impending changes and so-

called reforms, comparison with any section of our profession. In certain parts of the armour of the profession the general practitioner should, indeed, by the very force of circumstances, be stronger than his consultant compeer. In the matter of therapeutics as applied to the patient, and of individual prognosis, the family doctor has, from his more or less permanent, or at all events continuous, opportunities, many advantages over the temporary and casual second opinion. This statement must appear a paradox in juxtaposition with an admission I must also in all candour make. The weak joints in the harness of still too many general practitioners are, undoubtedly, diagnosis and pathology.

The gradual subsidence—I will not call it neglect—of pathological knowledge on the part of most men entering general practice is to be regretted.

Reasons, good, bad, and indifferent, may doubtless be advanced in explanation. The fact, I am sure, is a relic of bygone conditions and circumstances.

So also with the carelessness about exact diagnosis.

In days gone by it was insisted that the family attendant's chief, if not only, duty was to help suffering humanity.

It is even so now.

Symptomatology was ever clear; diagnosis might be obscure. The former indicated the remedy and the patient's relief; the latter, with pathological inspection, might satisfy scientific investigation.

In the posthumous address of Mons. Maurice Raynaud, of Paris, read by his friend Dr. Féréol at last year's Congress, this contrast is thus ably delineated:—"Gentlemen, the true cause of scepticism, the most powerful, that which at all times—formerly as at present—created so many sceptics amongst us, is that medicine is at the same time both a science and a profession. We need not complain of this; it is one of its glories, perhaps the highest, for it thereby satisfies all that there is most generous and most cultivated in the human heart—the need of helping those who suffer."

Slowly, however, but surely, a dependence on symptomatology as alone a guide to therapeutics is becoming less and less the characteristic of the general practitioner of to-day.

His present culture leads him also, alike with his consultant *confrère*, so to utilise symptoms as first to ask the question "Where?", thence to deduce, and thereby to base his treatment if possible on, a scientific diagnosis.

I commenced my Oration by instancing the founder of this Society—the late Dr. Wm. Cooke—as a type of what should be the family doctor.

I end it by remarking that even sixty years ago this general practitioner disdained not pathological knowledge.

Besides his own original investigations on the preservation of morbid specimens, he devoted himself to the translation\* of Morgagni's great work. He was thereby the means of introducing to the practitioners of this country "a book," which, Virchow tells us, "became the point of issue of a movement which in a few decades has changed the whole face of science."

Thus utilising ever his powers and his responsibilities, every family doctor may reach that high standard of comparison, which an eloquent preacher in our national temple last year, with an audacious but yet true reverence, introduced as between the science and philanthropy of medicine and the manifold works of mercy accomplished by the Great Physician eighteen hundred years ago.†

So mote it be!

May the verdict of the future be of each and all of us:—

" His life was gentle ; and the elements  
So mixed in him, that Nature might stand up,  
And say to all the world, *This was a man!*" ‡

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\* Morgagni, "On the Seats and Causes of Diseases investigated by Anatomy." Translated, Abridged, and Elucidated, with copious Notes. 1822.

† "Teaching and Healing." A sermon preached before the International Medical Congress at St. Paul's Cathedral on the eighth Sunday after Trinity, August 7, 1881, by H. P. Liddon, D.D.

‡ Shakespeare, *Julius Cæsar*, act v. sc. 5.









